Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 20**12**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Interr	nal Rever	ue Service ► The organization may have to use a copy of	this return to satisfy state	reporting requi	rements.	
A F	or the	2012 calendar year, or tax year beginning 01		, and ending	12/31	, 20 12
3 C	heck if ap	C Name of organization			D Employer io	dentification number
=	Address c	THE STATE OF THE CONTRIBUTION	3 ENTITY			20-8708883
_	Name cha	7	to street address)	Room/suite	E Telephone r	number
=	nitial retur Ferminate	#1691 WOODLANDS AVE			4	19-893-4677
= '	Amended	City or town, state or country, and ZIP ± 4		•	F Group Exe	emption
=	Application				Number	•
G A	Account	ng Method ✓ Cash ☐ Accrual Other (specify) ▶		н	Check ▶ 🔽	if the organization is not
ı v	Vebsit	· · · · · · · · · · · · · · · · · · ·				tach Schedule B
J Ta	ax-exen	pt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀	(insert no)	r 🔽 527	•	90-EZ, or 990-PF)
K C	heck • ot more he orga		organization or a section red though Form 990-Norm	n 527 organization (e-postcard) ma	ay be required	
lın	ne 25, co	olumn (B) below) are \$500,000 or more, file Form 990 instead of Fo	rm 990-EZ		▶ §	\$ 43,617
Pa	art I	Revenue, Expenses, and Changes in Net Ass	ets or Fund Balan	ces (see the	instruction	
		Check if the organization used Schedule O to resp		•		· . 🗹
	1	Contributions, gifts, grants, and similar amounts receiv			. 1	0
	2	Program service revenue including government fees ar			2	43,617
	3	Membership dues and assessments .			3	0
	4	Investment income			4	0
	5a	Gross amount from sale of assets other than inventory	5a	1	o 🚟	
	b	Less cost or other basis and sales expenses .	. 5b		0	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a) .	5c	0
	6	Gaming and fundraising events		•	45%	
	a	Gross income from gaming (attach Schedule G	f greater than			
e l		\$15,000)	. 6a	1	o T	
ē	Ь	Gross income from fundraising events (not including		of contribution	ns 🌅	
Revenue	-	from fundraising events reported on line 1) (attach So			13.	
-		sum of such gross income and contributions exceeds			o	
	С	Less: direct expenses from gaming and fundraising even			0 8	
	d	Net income or (loss) from gaming and fundraising ev			btract	·
		line 6c)			6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		0	
	b	Less cost of goods sold	. 7b	-	0 🖄 🔠	T
	С	Gross profit or (loss) from sales of inventory (Subtract I	ine 7b from line 7a)		7c	. 0
	8		<u> </u>		8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	43,617
	10	Grants and similar amounts paid (list in Schedule O)			. 10	0
	11	Benefits paid to or for members	F		11	0
S.	12	Salaries, other compensation, and employee benefits	DEA		12	0
Expenses	13	Professional fees and other payments to independent	contractors TCC	IVED	13	0
) Der	14	Occupancy, rent, utilities, and maintenance .	101		. 14	0
Ϋ́	15	Printing, publications, postage, and shipping	[8] . JUL 🤋	5 2012	C) #	0
	16	Other expenses (describe in Schedule O)	1-1 302 2		7 16	34,935
	17	Total expenses. Add lines 10 through 16	1 60	100		34,935
_	18	Excess or (deficit) for the year (Subtract line 17 from lin	es UGDET	VIIT	18	8,682
ets	19	Net assets or fund balances at beginning of year (fro)) (must agree	I	
Net Assets		end-of-year figure reported on prior year's return)			19	242,624
et A	20	Other changes in net assets or fund balances (explain	ın Schedule O)		20	0
ž	21	Net assets or fund balances at end of year Combine II	· ·	· · · ·	▶ 21	251,306
		are an area of the second of your combine if			·	

D.	A in	Deleges Objects (s. d. d. d. d. d.	D 110				
76	rt II	Balance Sheets (see the instructions f			Dard II		
	-	Check if the organization used Schedule	O to respond to ar	iy question in this	(A) Beginning of year	·	(B) For a time :
22	Car	h savinge and investments			,	-	(B) End of year
23		h, savings, and investments d and buildings	• •		242,624		
24			•	i		23	
25		er assets (describe in Schedule O) al assets				24	0
26		al liabilities (describe in Schedule 0)	•		242,624		
27		assets or fund balances (line 27 of column		lino 21\		26	0
	t III.	Statement of Program Service Accomp			242,624	21	251,306
ı Gı	C 191	Check if the organization used Schedule	•		—	1	Expenses
\/\ha	t is the		POLITICAL CONTRI				equired for section 1(c)(3) and 501(c)(4)
							anizations and section
as n	neasure ons be	ne organization's program service accomplised by expenses. In a clear and concise manifered, and other relevant information for ea	anner, describe the ch program title	services provide	d, the number of	494	47(a)(1) trusts, optional others)
28		Y TO MAKE POLITICAL CONTRIBUTIONS AND					
		OTE, AND IMPLEMENT POLICIES AND PROGR		RICH THE LIVES O	F AND		
		OVE CONDITIONS FOR UAW WORKERS AND T					
-00	(Grant	s \$ 0) If this amount	includes foreign gra	nts, cneck nere	<u>P</u> <u></u>	28	a 34,935
29		·					
	(0						
-00	(Grant	s \$) If this amount	includes foreign gra	nts, check here .	▶ □	29	<u>a </u>
30						Ì	
						ł	1
	(0				······		
0.4	(Grant		ıncludes foreign gra	nts, check here .	P U	30	<u>a </u>
31		program services (describe in Schedule O)_	 				
20	(Grant		includes foreign gra	nts, check here	<u>▶ 1</u>	31	
		program service expenses (add lines 28a t				32	`
Par	t IV	List of Officers, Directors, Trustees, and Key				stru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to ar	y question in this	(d) Health benefits,		🗀
		(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS (If not paid, enter -0-	contributions to employ benefit plans, and		e) Estimated amount of other compensation
KEN	LORTZ		10			0	•
DIR	CTOR				0	٧	
STE	PHEN H	(EMP	5			0	0
ASS	T DIRE	CTOR			0	<u> </u>	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	age C
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	٧ .	. 🗆
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	00	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	33		✓
35a	change on Schedule O (see instructions)	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓_
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III .	35b 35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a Did the organization file Form 1120-POL for this year?	37b 38a		\(\frac{1}{2}\)
ь 39 а	If "Yes," complete Schedule L, Part II and enter the total amount involved . Section 501(c)(7) organizations Enter. Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		300 mm
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed >	419-89	2 467	
42a	The organization's books are in care of ► UAW REGION 2B Located at ► 1691 WOODLANDS DR, MAUMEE, OH 43537 ZIP + 4 ►		537	. <u>'</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5 - C	1	150
С	At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country: ▶	42c		_ ✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	·	Yes	▶ □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	314	√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	25	✓
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45b	1 (1)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

							Yes	s No
46	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities on	behalf of or	in oppo	sition		
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I				46 ✓	
Part	VI Section 501(c)(3) organizations	s only						
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and co.	mplete:	the tab	les for lir	nes
	50 and 51	-1		.,	,			
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
	3		to any quodiciting				Yes	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect o	durina th	e tax 「		+
	year? If "Yes," complete Schedule C, Par	t					47	1
48	Is the organization a school as described in		1)2 If "Ves " complete	Schodulo E		-	48	+
49a	Did the organization make any transfers t					-	49a	+
	If "Yes," was the related organization a se			zation,		-		
50	Complete this table for the organization's			or than affin	مدم طالدم		49b	<u> </u>
50	employees) who each received more than							
	employees, who each received more than	T \$100,000 of comper	Isation from the organ	(d) Health		T ente	er None	
	(a) Name and title of each employee	(b) Average	(c) Reportable	contributions		e (e) Esi	timated amo	ount of
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans		d othe	er compensa	ation
		<u> </u>	<u>'</u>	compen	5411017			
None				}		1		
								
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		(,]		7		
f	Total number of other employees paid ov	er \$100,000	•					
51	Complete this table for the organization		ensated independent	contractors	who ea	ch rece	ived more	e than
	\$100,000 of compensation from the orga							
			(b) To an of annu			In Comp	ana ation	
(a) I	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	ice		(c) Compe	EIISation	
None								
				J				
				}				
								
				1				
								
				1				
			<u> </u>					
				1				
	Table of the sector and a sector and		010x \$100 000					
	Total number of other independent contra	<i>-</i> 1			/4\			
52	Did the organization complete Schedule			and 4947(a)	(1)	▶ □	Yes 🗌	No
	nonexempt charitable trusts must attach	——————————————————————————————————————						
	enalties of perjuly) declare that I have examined this i rect, and complete Declaration of prepar <u>er to</u> ther that	retury including accompany officer) is based on all into	ring schedules and stateme	ents, and to the has any knowled	best of my lae	knowleag	e and bellet	, it is
———	ect, and complete Decidration of proparer other inc	Oricer) is based on an info	The bit of Which proparer :		771	11-1	1012	
O: -		<u>() '</u>			/ /	VC V	<u> </u>	
Sign	Signature of officer	COUNSEL		Date	•			
Here	1. HICK H IN OLUMAIS	Courser						
	Type or print name and title						TIN	
Paid	Print/Type preparer's name	Preparer's signature	Da	ıe	Check [ıf	LIIN	
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	Firm's address ▶	_		Phor	ne no		_	
8 4 m 1 L	a IDC alcanina this vertices with the measure	conclus anima	actructions			■ []	Vac []	No

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Se	ection 501(c)(3) organizations t	that have NOT filed Form 5768 (election	on under section 501	(n)) Complete Part II-B Do I	not complete Part II-A
	•	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	inizations Complete Part III		Employer idei	ntification number
	OHIO STATE POLITICAL CO	MITDIRLITING ENTITY			20-8708883
Part		e organization is exempt und	er section 5016	c) or is a section 527	
1		the organization's direct and indire		·	<u>J</u>
2	Political expenditures			> \$	34,935
3	Volunteer hours				0
Part	-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	ation under section	n 4955 ▶ \$	5
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955	6
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?	•	•		∐ Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz	zation for section	527 exempt function	•
_	activities	films ausanimation?s filmals acatul	· · · ·)
2	527 exempt function acti	filing organization's funds contrib	outed to other org	janizations for section • •	<u>.</u>
3	•	expenditures. Add lines 1 and 2	Enter here and	on Form 1120-POI	,
•	line 17b	experialitares. Add lines 1 and 2	. Litter here and		
4		n file Form 1120-POL for this year	?	· · · · · · · · · · · · · · · · · · ·	. Yes No
5	0 0	ses and employer identification nu		ection 527 political organ	
,		ents. For each organization listed,			
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate	political organization, such
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	vide information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) 2	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
			ļ		political organization If none, enter -0-
				<u> </u>	Hone, enter -o-
(1)		 	1		
			<u> </u>		-
(2)			4		
				-	
(3)			+		
					_
(4)			†		
					-
(5)		}	1		
/G\					
(6)			1		

Pa	rt II-A Complete if the organization section 501(h)).	on is exempt u	nder section 50	01(c)(3) and file	d Form 5768 (ele	ection under		
` A	Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check ▶ ☐ if the filing organization cl			rol" provisions a	apply.			
		bying Expenditu			(a) Filing	(b) Affiliated		
	(The term "expenditures" n	neans amounts	paid or incurred.)	organization's totals	group totals		
1	 Total lobbying expenditures to influence 	e public opinion	(grass roots lobby	ıng)				
	 Total lobbying expenditures to influence 	e a legislative bo	dy (direct lobbying	g)				
	c Total lobbying expenditures (add lines	1a and 1b)						
	d Other exempt purpose expenditures .							
	e Total exempt purpose expenditures (ac	ld lines 1c and 1	d) .					
	f Lobbying nontaxable amount Enter columns	the amount fr	om the following	table in both				
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amount	t is:		Section 184		
	Not over \$500,000		ount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000	7			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000				
	Over \$17,000,000	\$1,000,000						
	g Grassroots nontaxable amount (enter 2	5% of line 1f)						
	h Subtract line 1g from line 1a If zero or	less, enter -0-						
	i Subtract line 1f from line 1c. If zero or le	ess, enter -0-						
	j If there is an amount other than zero reporting section 4911 tax for this year		1h or line 1i, did	the organization	file Form 4720	☐ Yes ☐ No		
	(Some organizations that m	ade a section 5	Period Under Sec 01(h) election do ctions for lines 2a	not have to com		9		
	Lobbyin	g Expenditures	During 4-Year Av	veraging Period				
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total		
2	a Lobbying nontaxable amount							
	b Lobbying ceiling amount (150% of line 2a, column (e))							
	c Total lobbying expenditures							
	d Grassroots nontaxable amount							
	e Grassroots ceiling amount (150% of line 2d, column (e))	and a surface	4 144 M					
	f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2012

Schedul	e C (Form 990 or 990-EZ) 2012				Pa	ge 3
Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	1 5768		<u> </u>
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	a) No	٨٢	(b)	
a b c	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	(authority)				
e f g h i j 2a b c	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 200 m				
Part 1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Complete in the prior year?	.)(5),	or se	1 2 3		No , is
1 2 a b c 3 4	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Vision Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5,	the bying	2a 2b 2c 3		group	
list), P	art II-A, line 2; and Part II-B, line 1 Also, complete this part for any additional information ule C, Part I-A, Line 1 - AN ENTITY THAT MAKES POLITICAL CONTRIBUTIONS AND EXPENDITURES					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
UAW OHIO STATE POLITICAL CONTRIBUTING ENTITY	20-8708883
Form 990-EZ, Part I, Line 16 - POLITICAL CONTRIBUTIONS	
LEMENTS AND AUTOMOTION OF THE STATE OF THE S	
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Schedule O, Statement 1

UAW OHIO STATE POLITICAL CONTRIBUTING ENTITY 20-8708883

Form 990-EZ Page 1

Line Number

Reasonable Cause Explanations

Explanation

ORGANIZATION TIMELY SUBMITTED FORM 8868 WHICH WAS ACCEPTED ON 05/08/2013